

make up the federacy, league or alliance known as the California Medical Association—are of special interest under present conditions, and furnish profitable reading for all county society officers. Since, what one county society is able to do, should be worthy of careful consideration by other county units.

The strength of organized medicine comes back in good part to the county medical societies, since these are the basic units through which membership in state and national organizations is determined. Also, these county groups, with jurisdiction in their respective geographical areas and communities, set the patterns and standards whereby the medical profession is judged by lay citizens. True, the estimate of the lay public is also based in large part on the professional and civic services rendered by individual physicians. It is important to recognize, however, no matter how excellent may be the reputations of individual practitioners in any community or county, that as regards the organized profession of medicine, a community spirit among physicians themselves must be existent, if the standards of scientific medicine are to be properly appreciated, and the good will of the community, secured.

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**Organized Medicine Conserves Scientific Medicine.**—It must not be forgotten that during the last decade or so, a persistent campaign has been carried on in many quarters to break down the esteem in which the medical profession was formerly held by the great majority of citizens. The protection against such undeserved onslaughts necessarily falls upon the component county societies. The State and National Associations can cooperate in measures designed to protect the best interests of the public health and of the standards of scientific medicine, but the real support resides within the membership of the component county units. That is why the county society reports presented in the April issue are worthy of special perusal.

It is heartening to read of the many activities of the county societies, and to note the spirit of loyal and generous endeavor which animates the physicians throughout the length and breadth of California. Therein lies the hope of the profession in the battles still ahead.

#### ON PROCUREMENT OF MEDICAL OFFICERS FOR THE ARMED SERVICES

**Report on an Address by Captain Philip K. Gilman.**—On Tuesday, April 20th, Captain Philip K. Gilman gave an address before the Commonwealth Club of San Francisco. In its report thereon, in the issue of April 23rd, the *San Francisco Examiner* made two erroneous statements, which it acknowledged when called to its attention:

A portion of the letter sent to the *Examiner* follows:

"Your attention is called to the report concerning the address given by Capt. Philip K. Gilman, U.S.N.R., who is the medical officer in charge of the northern division of the United States naval office of naval officer procurement. (Doctor Gilman is not a former president of the California Medical Association, but for some years has been the chairman of its council.)

"The item stated: 'Nine hundred doctors must be recruited immediately from northern California, and three hundred from the southern part of the State.' This is the reverse of what Captain Gilman stated, and the error should be corrected.

"It is unfortunate that your reporter also deemed it necessary to inject the statement that Doctor Gilman 'gave no explanation of why hundreds of Army and Navy doctors are sitting around doing little or nothing, while hundreds of others are being used, not for medical work, but for paper work.'

"There was nothing in Captain Gilman's remarks to warrant the above statement, which is most detrimental to the efforts of the surgeon generals of the Army and Navy to build up their respective medical corps so that the best medical and surgical service may always be available to soldiers and sailors in our armed forces.

"It should be remembered that, just as it is necessary to maintain in continental America a pool of millions of men who are being trained so that they may be available for military work, so also is it equally important that an adequate pool of medical officers and personnel be likewise available, in case occasion should demand, that they could be called upon for instant service, either on the American continent, or in foreign lands."

A paragraph in the letter that was not printed by the *Examiner*, stated:

"I feel sure you will agree that it is vital to our Country's best interests that misconceptions in matters such as the above should not be spread. May we hope that *The Examiner* will take occasion to promptly rectify the erroneous impressions given in the article referred to?"

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**Reply by the Editor of the "San Francisco Examiner."**—It is interesting to note the comments contained in the reply of the *Examiner* editor (printed in black face type):

"(Editor's Note: The errors regarding Doctor Gilman's title and the transposition of figures on recruiting in northern and southern California are herewith acknowledged. The statement that both Army and Navy are hoarding, misplacing and misusing hundreds of doctors is hereby reiterated. The whine about needing to train doctors is an evasion of the facts. Doctors who are doing little or no work in the Army and Navy, doctors who are doing work that could be done by any intelligent stenographer and doctors who are being used for executive work that could be done by laymen are not being trained; they are being wasted. Doctors lying around for lack of equipment should have been left in civilian life until the equipment was ready. Finally, thousands of doctors, according to doctors in the military service, are being used for medical work that utterly wastes their years of training as specialists. Orthopedists (bone specialists) examine recruits, surgeons sit at desks, nose and throat men do obstetrics or paper work. Some of this is in the process of correction, but the process is slowed by the wholesale recruiting of doctors before the Army and Navy have even half digested those already in the service.)"

**Physicians have a Different Opinion of the Situation.**—Members of the California Medical Association have been repeatedly informed concerning the need for adequate medical personnel for the armed forces by the United States Army and Navy, through the official and other notices appearing in the *Journal of the American Medical Association* and *CALIFORNIA AND WESTERN MEDICINE*. The California Procurement and Assignment Service (Dr. Harold Fletcher, San Francisco, chairman, and Dr. Edward M. Pallette, Los Angeles, vice-chairman) has also kept the component county societies and physicians generally, in touch with immediate and prospective needs, and the status of California in the quotas assigned to the States of the Union.

The opinions expressed by the *Examiner* may be shared by a limited number of individual physicians, but there is nothing on record to indicate that they are accepted by the great majority of physicians of California, in either military or civilian service.

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**An Illuminating Letter from the War Manpower Commission's Procurement Division.**—Perhaps the best answer to the *Examiner's* statements may be found in a letter received while the above comments were being sent to the printer. The communication, dated May 6, 1943, comes from President Roosevelt's War Manpower Commission and is signed by Doctor Frank H. Lahey, recent president of the American Medical Association who, as chairman of the Directing Board of the national Procurement and Assignment Service, is in possession of facts and figures that permit him to speak with authority. Doctor Lahey's letter follows, the attachments with statements by the Surgeon Generals of the United States Army, Navy and Public Health Service appearing in the War Effort Department in this issue (on page 281):

(COPY)

WAR MANPOWER COMMISSION  
Office for Emergency Management  
Procurement and Assignment Service for  
Physicians, Dentists, and Veterinarians  
Washington, D. C.

May 6, 1943.

Dear Doctor Kress:

Attached are statements pertaining to the procurement of physicians to meet the nation's military and civilian needs, prepared by the surgeons general of the Army, Navy and the U. S. Public Health Service, and the chairman of the Directing Board of the Procurement and Assignment Service for Physicians, Dentists and Veterinarians.

The failure of some areas in the country to provide their quota of physicians for the armed forces reflects unfortunately on all of American medicine. Is American medicine incapable of making the sacrifices required of it without compulsion?

*We must face one inescapable fact. Our fighting men, and those who must remain behind, must and will have medical care. It will be obtained one way or another. The choice of methods is still in our hands. The medical*

*profession of this country never has failed the nation: it must not do so now!*

The Directing Board of Procurement and Assignment Service seeks your further aid in the recruiting task that is before us by requesting that you publish in the next issue of *CALIFORNIA AND WESTERN MEDICINE* the four statements that are attached. (Editor's Note. The four statements appear in this issue in the department of the California Committee on Participation of the Medical Profession in the War Effort. See page 281.)

An editorial in the same issue calling attention to these statements and some of the considerations referred to in this communication, also would be most helpful.

The Directing Board is most grateful for the aid you already have extended them and for that which it knows you will continue to extend.

Very truly yours,

(Signed) FRANK H. LAHEY, M. D.,  
Chairman, Directing Board.

## EDITORIAL COMMENT†

### DEPOLYMERIZED ANTIBODIES

The first recorded instance of a specific antibody definitely increased in titer by chemical alteration of serum proteins is currently reported by Eggerth<sup>1</sup> of the Department of Bacteriology, Long Island College of Medicine.

Antibodies have been previously modified by various chemical agents, such as acids, alkalis, formaldehyde, or by combination with diazo compounds. Such modifications have almost invariably reduced specific titer or destroyed one or more of the specific reacting properties. Thus Eagle<sup>2</sup> found that one part of formaldehyde in 1,000 parts of diphtheria antitoxin would completely inhibit its flocculating activity, without reducing its therapeutic titer. Weil<sup>3</sup> treated antibodies with acids and found that they had lost most of their ability to fix complement. Antibodies have also been modified by partial digestion with pepsin,<sup>4</sup> trypsin<sup>5</sup> or other digestive enzymes. Coghill,<sup>6</sup> for example, partially digested diphtheria antitoxin with Takadiastase, and thus prepared a therapeutically effective "refined antitoxin" whose original horse specificity was so altered that it no longer gave anaphylactic reactions on injection into guinea pigs previously sensitized to native horse proteins. This he interpreted as indicating that part of the antibody-molecule is immunologically inert, and that the functional portion is practically unaltered by such partial digestion.

Ninhydrin has been used for a generation for the qualitative and quantitative determination of amino groups. Its method of action on serum proteins has been fairly well determined. In his earlier work Eggerth<sup>7</sup> found that while ninhydrinized antityphoid horse agglutinins had lost about

† This department of *CALIFORNIA AND WESTERN MEDICINE* presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.